ı	NIS	so	UR	l Di	VIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DO NOT WRITE AMENDED				D	ı	Registration District No. 9 4330 Primary Registration District No. 4437 Registrar's No. 500 STATE FILE NUMBER
VS 300			 		\	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY MILLER admission)
Rev. 4/59		יבוא			_	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR TOWN NAUNES VILLE 22 Haurs TOWN BRUM/e4 Yes \(\text{No.} \text{No.} \text{E}
10850					-	c. FULL NAME OF (If MOT in hospital, give location) HOSPITAL OR INSTITUTION D. LASK' COUNTY / TOSP Yes No Reside on Farm ADDRESS RUTPL ROUTE Yes D No
² ひんの 3	1	3		-		3. NAME OF DECEASED First Middle Last, 4. DATE Month Day Year
4 /					-	(Type or print) MARY ELEN WILLIAMS DEATH November 27, 1963 SEX 6. COLOR OR RACE 7. Married November November 2 N
- 5 /					/ 10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF.BUSINESS OR INDUSTRY) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
70	FOLLOW				1.	HOUSEWIFE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE HENRY MALL MORIDH C GRAHAM AND PORT D // // / / / / / / / / / / / / / / /
8 ()	AS F				11 (1	5. WAS DECEMBED EVER IN U.S. ARMED FORCES? (es, not or unknown) (If yes, give wer or dates of serv
94201. 10	ARE			ENT		18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c). PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
11	RECORI			OCUMENT		IMMEDIATE CAUSE (a) COMPANIA CAUTA AND AND AND AND AND AND AND AND AND AN
12 / 1	THIS REC	2		Q .		Conditions, if any, which gave rise to above cause (a), stating the under-
1-0	S				NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II.
z	MENTS	į			RTIFICA	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)
	AMENDMENT	,			ICAL CE	PERFORMED? YES NO Month, Day, Year INJURY a.m.
RIBBON	*				MED	p.m. '
USE BLACK INK OR: TYPEWRITER RIBBC	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					WHILE AT WORK farm, factory, street, office bidg., etc.) NOT WHILE AT WORK farm, factory, street, office bidg., etc.) 21. 1 attended the decessed from
				F	,	Death occurred at 9:65 A m on the date stated above, and to the best of my knowledge, from the causes stated. 226. SIGNATURE Degree Fritten 1 1 226. ADDRESS 4 22c. DATE SIGNE
U TY	I⊢	_	\prod	AVIT O	27	AFTIMIELLINGED. RICHLAND, MO. 11-27-63
		j		AFFIDA	<i>/</i>	3a. BURIAL, CREMATION, 23 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) // 30/63 // ABUKINS CEMETERY MIXLER COUNTY MISSOURI FUNERAL DIRECTOR / APDRESS / 25. DATE RECD. BY LOCAL REG. 26. SEGISTRAR'S, SIGNATURE /
		-		М	4	(Licensed Embelmer's Statement on Reverse Side)

(MAR) 1 1984

TATEMENT BY LICENSED EMBALMER

l herel	by certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	·	, Student Embalmer No
working unde	r my personal supervision.	
Student	Signature of Student Embalmer	Signed Miller Menga
. * <u>.</u> * * .* *		P. O. Address Am DENHAM MU

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.